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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

Certificate of Mississippi Limited Partnership

P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333



The undersigned general partners, pursuant to Section 79-14-201 of the Mississippi Code of 1972, as amended, hereby execute the following certificate of Limited Partnership and set forth:

1. Name of the Limited Partnership												
2. The future effective date is (Complete if applicable)												
3. The latest date upon which the Limited Partnership is to dissolve is												
4. Federal Tax ID												
5. The office address at which is kept the records required by Section 79-14-105 of the Mississippi Code of 1972, as amended is												
Physical Address												
P.O. Box												
City, State, ZIP5, ZIP4 -												
6. The Name and Street Address of the Registered Agent and Registered Office												
Name												
Physical Address												
P.O. Box												
City, State, ZIP5, ZIP4 -												

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

P. O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333



Certificate of Mississippi Limited Partnership

7. Nam	e and Addres	ss of	Gene	eral P	Partne	er 1									
Physical Address															
P.O. Box															
City, State,	ZIP5, ZIP4													-	
8. Name an	nd Address of	of Ge	neral	Part	ner 2	ļ									
Physical Address															
P.O. Box															
City, State,	ZIP5, ZIP4													-	
9. Other m	atters the ger	enera	l part	tners	detei	rmin	e to iı	nclud	e are						
														(See Attac	ched)
General By:	Partner 1 Signature									(Please	keep v	vriting ^v	with	in blocl	cs)
F	Printed Name									Title					
General By:	Partner 2 Signature									(Please	keep v	writing ^v	with	in blocl	cs)
F	Printed Name									Title					